



# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, creed, color, sex, age, disabilities, or other developmental disabilities, national origin, religion, or political affiliation, ethnicity, veteran status, sexual orientation, HIV Infection, AIDS Related Complex, AIDS, or any other legally protected status.

Application Date: \_\_\_\_\_

## PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
Address		City	State      Zip Code
Telephone Number(s)		Best Time to Contact You	

## EMPLOYMENT DESIRED

Position Desired	Date Available	Schedule Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Desired
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give date:			
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give date:			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you prevented from lawful employment in the United States because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please describe:			
Have you ever been convicted of a crime involving dishonesty? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please describe:			

## EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

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**WORK EXPERIENCE**

Complete the section below beginning with your present or last job. Please include all jobs held in the past 10 years. (Attach additional pages if necessary.)

Employer	Dates Employed From: _____ To: _____	Title
Address	Salary From: _____ To: _____	Duties Performed
Telephone Number	Reason for leaving employment	
Supervisor		

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**OTHER QUALIFICATIONS** Use this space to list special job-related skills, training, qualifications or experience.

Do you have any limitations that would interfere with your ability to perform any of the essential functions of any of the positions you are seeking to fill? (See job posting for the positions for details of the essential functions.)  Yes  No  
If yes, please describe the limitations:

**REFERENCES** Indicate three individuals who may be contacted as references. Do not include family members.

Name	Business	Telephone Number	Best Time To Contact	Years Acquainted
1.				
2.				
3.				

**APPLICANT'S STATEMENT**

I certify that the facts contained in this application are true and complete. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I authorize my employers and references to give any and all information they may have concerning my previous employment and any pertinent information they may have otherwise to Mature Services, Inc. and I release all parties from all liability for any damage that may result from furnishing same. I agree that any claim or lawsuit relating to any employment issues I may have with Mature Services, Inc. must be filed and served on Mature Services, Inc. by certified mail no more than six (6) months after the date of the adverse employment action that is the subject of the claim or lawsuit. I waive all other statutes of limitations to the contrary. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. This means the employee may resign at any time and the employer may discharge the employee at any time for any lawful reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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